

ADDENDUM TWO

DATE: October 4, 2013

TO: All Vendors

FROM: Michelle Musick/Nancy Storant, Buyers
 State Purchasing Bureau

RE: Questions and Answers for RFP Number 4508Z1
 to be opened October 16, 2013 2:00 p.m. Central Time

Following are the questions submitted and answers provided for the above mentioned Request For Proposal. The questions and answers are to be considered as part of the Request For Proposal.

QUESTIONS	ANSWERS
1. We are preparing our RFP response. In calculating our price, we would like to know how many preauthorization requests were performed last year?	The reported number of preauthorization reviews last calendar year was 9,652. The volumes are listed as specified on Attachment A.
2. RFP Section Glossary of Terms, Page xi and RFP Section IV.D.9.a, Pages 39 and 40 (Appeal for a Fair Hearing and Other Legal Proceedings)—In the Glossary, the word “Representative” is defined: “includes an agent, . . . or any other person legally empowered to act for another.” In Section IV.D.9.a., “Appeal for a Fair Hearing and other Legal Proceedings,” it is a requirement that “the contractor must participate in the appeal process as a representative of the Department.” The use of the word “representative” as defined in the RFP Glossary does not appear to be consistent with an independent contractor relationship between the contractor and the state. Please clarify.	<i>The intent of the contract is to create an independent contractor relationship between Contractor and the State. Use of the word “representative” in Section IV.D.9.a is not intended to alter the independent contractor relationship between the Contractor and the State. The Contractor is expected to exercise control over the tasks outlined in Section IV.D.9 for which it is responsible.</i>

QUESTIONS	ANSWERS
<p>3. RFP Section II.B., Page 2, and RFP Attachment A (Cost Proposal per Deliverable)—Please confirm that the Contractor is expected to bill for actual reviews completed based upon the applicable unit prices for the contract period.</p>	<p>Yes, the Contractor is expected to bill for actual reviews completed based upon the applicable unit prices for the contract period.</p>
<p>4. RFP Section II.D., Page 3—What are the names of the organizations that submitted questions?</p>	<p>In order to protect the integrity of the RFP process, the State will not comment on who provided questions during the question and answer period.</p>
<p>5. RFP Section II.F, Page 4 and RFP Section V, Page 48—In what section or subdivision of the proposal response should the completed Form A, Bidder Contact Sheet be included?</p>	<p>The completed Form A, Bidder Contact Sheet should be included after the Terms and Conditions and be labeled as such.</p>
<p>6. Section III, Terms and Conditions, Pages 8 through 26 and RFP Section V.A.1, Page 48—Should bidders submit the signed Terms and Conditions in the proposal response following the “Request for Proposal For Contractual Services” form? If not, where should they be placed?</p>	<p>Yes, Section III Terms and Conditions should be submitted in the same sequence as noted in the RFP.</p>
<p>7. RFP Section III.F.3.e, Page 11—Please describe what is meant by the statement in this section of the RFP that medical malpractice is “Qualification under NE Excess Fund.”</p>	<p>The requirement in Section III.F.3.e, Page 11 is amended by striking “Medical Malpractice Qualification under NE Excess Fund” and inserting Professional Liability Insurance \$1,000,000 per incident.</p>
<p>8. RFP Section III.F.3.e, Page 11—This section requires “Medical Malpractice” insurance. Since prospective bidders will not be practicing medicine or providing direct medical services and therefore will not be able to obtain medical malpractice insurance, is it possible to substitute the requirement for “medical malpractice” insurance with a different type of professional liability insurance coverage?</p>	<p>Please see the answer to #7.</p>

QUESTIONS	ANSWERS
<p>9. RFP Section III.H, Page 12—This Section in the Terms and Conditions has as its heading “Independent Contractor;” however the words “independent contractor” do not appear anywhere else within that section. Please clarify whether the relationship between the State and the contractor will be an independent contractor relationships or whether it be another type of legal relationship such as between principal and agent.</p>	<p>The relationship between the State and the Contractor is that of an independent contractor relationship.</p>
<p>10. RFP Section III.H, Page 12—Ordinarily, an independent contractor provision describes the parties’ relationship. We would like to know if the State is willing to add to the Term and Conditions, Section H, language that more fully describes the nature of an independent contractor contractual relationship, such as the suggested language below:</p> <p>“In the performance of the duties and obligations of Contractor under this Agreement, it is mutually understood and agreed that Contractor is at all times acting as an independent contractor providing quality and utilization review services. The State shall neither have nor exercise any control or direction over the methods by which Contractor shall perform its work and functions, except that Contractor is expected to perform its work and functions at all times in strict accordance with then currently approved methods and practices of a QIO; and that the sole interest of the State is that the services under this Agreement are performed and rendered in a competent, efficient and satisfactory manner. It is expressly agreed by the parties hereto that no work, act, commission or omission of Contractor shall be construed to make or render Contractor, the agent, employee or servant of the State.”</p>	<p>At the stage in the RFP process, the State will not add to the Terms and Conditions.</p>

QUESTIONS	ANSWERS
<p>11. RFP Section III.QQ., Page 22—In the event the contract award process is delayed by the State, is there a maximum amount of time for which the prices must be guaranteed? Please explain.</p>	<p>Per Section III. QQ. Prices on page 22, “All prices, costs, terms and conditions outlined in the proposal shall remain fixed and valid commencing on the opening date of the proposal until an award is made (and for bidder receiving award prices shall remain as bid for the duration of the contract unless otherwise so stated in the contract) or the Request for Proposal is cancelled...”</p>
<p>12. RFP Section IV.A., Page 27 and Attachment A (Cost Proposal per Deliverable)—What is the anticipated impact on the annual estimated units of reviews displayed in Attachment A in light of the State’s strategy to increase enrollment in managed care organizations?</p>	<p>The number of estimated units has been reduced based on managed care implementation, which went statewide July 1, 2012.</p>
<p>13. RFP Section IV.B., Page 27—Please explain whether individuals on waiver programs are included for the review programs under this contract.</p>	<p>Yes, individuals in Aged and Disabled waivers are included. No, clients in physical health managed care are not included.</p>
<p>14. RFP Section IV.D.2.c Page 31—Please confirm that the review is due within one business day of all information being received to complete the review, even when a potential denial circumstance arises for physician review.</p>	<p>Yes</p>
<p>15. RFP Section IV.D.2, Pages 31 to 33—In this Section, there are references to the “coverage decision” by the Contractor. This term is not used in Section IV.D.3 regarding Acute Inpatient Rehabilitation Service Reviews, and instead in this Section there is a reference to “reviewed and the approval or denial...” The term coverage decision is not defined in the glossary of terms. Please explain what is meant by coverage decision.</p>	<p>The “coverage decision” is the decision to approve or deny a service.</p>
<p>16. RFP Section IV.D.2.f, Page 32—Please confirm that all items listed in 2.f. are represented in the volume listed on the pricing sheet under line 15, DME & Hearing Devices Prior Authorization.</p>	<p>Yes, all items listed in 2.f. are represented in the volume listed on the pricing sheet under line 15, DME & Hearing Devices Prior Authorization.</p>

QUESTIONS	ANSWERS
<p>17. RFP Section IV.D.3.c, Page 34—Consultative specialty physicians in active practice provide these review services for quality of the reconsideration review. Please confirm that all reconsideration review by consultative specialty physicians, both urgent and non-urgent are to be accomplished within 1 business day of receipt of the information relating to the request.</p>	<p>Time frames are specified in IV. D. 3.c. (Acute Inpatient Rehabilitation Hospital).</p>
<p>18. RFP Section IV.D.4.a. Page 34—Is the intent that all review types be eligible for a reconsideration of a denial upon request?</p>	<p>Yes, all review types will be eligible for a reconsideration.</p>
<p>19. RFP Section IV.D.6.b (Notice of Action), Pages 36 and 37—In this Section, the RFP indicates that the contractor is to establish a procedure for notification to a provider of an adverse determination. Among information that is to be included in the Notice is “a brief statement of the Contractor’s authority and responsibility for review;” In the State’s view, what is the Contractor’s authority and responsibility for review?</p>	<p>Pursuant to Title 471 of the Nebraska Administrative Code (NAC) 1-004, the Department or its designee is required to perform utilization review activities. The QIO, under contract with the Department, is authorized to perform utilization review activities.</p>
<p>20. RFP Section IV.D.9.a (Appeal for a Fair Hearing and Other Legal Proceedings), Pages 39 and 40—In this Section, does the use of “representative” mean that the contractor will be expected to testify or supply other evidence in support of the adverse decision that was made that is at issue in an appeal or does it mean, in the absence of Department Legal Counsel’s participation, that the contractor is responsible for preparing for, representing, and defending the State’s position in lieu of Department’s legal counsel’s participation? Please explain.</p>	<p>Please see the answer to question #2.</p> <p>The contractor is expected to testify and supply evidence in support of the Contractors decision at issue in the appeal. This applies to all appeals regardless of the involvement of the Department’s legal counsel.</p> <p>The contractor is responsible for preparing for, representing, and defending the State’s position in lieu of the Departments legal counsel participation.</p>
<p>21. RFP Section IV. D.9 (Appeal for a Fair Hearing and Other Legal Proceedings), Pages 39 and 40—How frequently does the State have legal counsel at the administrative hearings, appeals, fair hearings, and other legal proceedings?</p>	<p>The frequency is dependent upon the type of appeal, the complexity of legal issues involved in the appeal, and whether or not the appellant has retained legal counsel.</p>

QUESTIONS	ANSWERS
<p>22. RFP Section IV. D.9 (Appeal for a Fair Hearing and Other Legal Proceedings), Pages 39 and 40—What are the criteria the Department uses in determining whether the State will have legal counsel at the administrative hearings, appeals, fair hearings, and other legal proceedings?</p>	<p>Participation by the Department’s legal counsel is dependent upon the type of appeal, the complexity of legal issues involved in the appeal, and whether or not the appellant has retained legal counsel.</p>
<p>23. RFP Section IV. D.9 (Appeal for a Fair Hearing and Other Legal Proceedings), Pages 39 and 40—Are the decisions made by the contractor considered by the State to be advisory to the State only and non-binding on the State, and subject to the state’s final determination? Please describe the process used by the State in reviewing the decisions made by the contractor.</p>	<p>If a State Fair Hearing is requested in relation to a decision made by the contractor, the proceedings will be conducted in accordance with 465 NAC Chapter 6. The contractor’s decision is not binding on the State as a part of the Fair Hearing process.</p>
<p>24. RFP Section IV.D.9.c, Page 40—Please confirm that responses by the contractor to the legal documents listed is limited to the review process and the services provided on contract only.</p>	<p>Yes</p>
<p>25. RFP Section V (Proposal Instructions), Pages 48 through 52—The first paragraph of this section says bidders should identify the subdivisions of “Project Description” and “Scope of Work” clearly in their proposals. However, these two subdivision labels are not listed in the content requirement subdivisions that are outlined for the four sections of the Technical Proposal in Pages 48–52. Please clarify where these labels are to be used.</p>	<p>The bidder may include the “Project Description and Scope of Work” as part of the Technical Approach and label it accordingly.</p>
<p>26. RFP Attachment A (Cost Proposal per Deliverable)—Please describe how the estimated volumes in the Attachment A (Cost Proposal per Deliverable) vary from the actual review volumes that the current Contractor is processing, with the exception of Line 15. Please explain the reasons for the variations from the current review volumes to the estimated review volumes for the new contract.</p>	<p>The changing volume is based on managed care implementation, which became effective statewide on July 1, 2012.</p>

QUESTIONS	ANSWERS
<p>27. RFP Attachment A (Cost Proposal per Deliverable)—Please confirm that the retrospective reviews outlined in Section 5.a (RFP Page 35) should be billed under Lines 1–6 or Line 9 of Attachment A. In the withdrawn solicitation (RFP #4432Z1), Eligibility Related Reviews and Post-Payment Reviews were reflected as separate line items on Attachment A. There does not appear to be separate line items for these two services in this current RFP.</p>	<p>Yes, the retrospective reviews outlined in Section 5.a should be billed under Lines 1–5 and 9 of Attachment A.</p> <p>Eligibility reviews and post pay reviews are components of the individual reviews.</p>
<p>28. RFP Attachment A (Cost Proposal per Deliverable)—What are the anticipated Start and End Dates for each of the period reflected on Attachment A:</p> <p>a. Initial Term—is it from the Operations Start Date of 04/01/14 (per RFP Page 1) to 11/30/16?</p> <p>b. First Renewal Period—is it from 12/01/16 – 11/30/19?</p> <p>c. Second Renewal Period—is it from 12/01/19 – 11/30/22?</p>	<p>The contract award / start date will determine the initial contract period and renewal periods.</p>
<p>29. RFP Attachment A (Cost Proposal per Deliverable)—Section 9 (Page 39) of the RFP describes the Contractor’s support for Appeals for Fair Hearings and Other Legal Proceedings; where should the cost of such support be reflected on Attachment A?</p>	<p>This cost should be included in the bidder’s individual unit pricing.</p>
<p>30. IV.A., IV.D.9 and Attachment A Project Overview, Appeals for Fair Hearings and Other Legal Proceedings and Cost Proposal Per Deliverable Page # 27, 39 – 40 and Attach. A</p> <p>The State specified an average quarterly volume of 3 appeals for fair hearings. The scope of work requires the contractor to participate in administrative hearings and other legal proceedings. However, there is no line item on Attachment A, Cost Proposal Per Deliverable to include a unit price for appeals for fair hearings. Please advise how the bidder should account for costs associated with fair hearings?</p>	<p>Please see the answer to #30.</p>

QUESTIONS	ANSWERS
<p>31. IV.B. Scope of Work Page # 27 One of the requirements of the contractor is to assess the quality of the services provided to Medicaid clients. If the contractor identifies a pattern of problems involving a specific provider or medical service, will the contractor be permitted to conduct focused reviews to further investigate the issue? If yes, then how should the bidder account for costs associated with focused reviews?</p>	<p>No, if the Contractor identifies a pattern in problems, this should be referred to the Nebraska Medicaid Program Integrity Unit.</p>
<p>32. IV.D.2.a. Prior Authorization Reviews Page # 31 The RFP indicates the contractor's clinical staff shall review each request received along with supporting documentation submitted by the provider to support the need for services. Will the State accept an auto approval process for some cases in which the provider enters the clinical information via a web-based portal and the contractor's system generates medical necessity approvals based on clinical algorithms and evidence-based criteria? Note: this automated process would only authorize medically necessary services when the documentation met the medical necessity criteria contained in the clinical algorithm. The system would never issue a denial. Cases not meeting the criteria would be manually reviewed by clinical staff.</p>	<p>No, the State will not accept an auto approval process. The Contractor may use non-physician reviewers with the necessary clinical education and experience to perform medical record screening. Non-physician reviewers must be familiar with review norms and criteria.</p>
<p>33. IV.D.5. and IV.D.6.b. Retrospective Reviews and Notice of Action Page #35, 36 One of the components of retrospective review includes quality review. Under the requirements for notice of action, the instructions for notifying the client and the provider focus on denied or reduced services. Is the contractor also expected to notify the provider of quality of care concerns that may not result in payment denials?</p>	<p>Yes, the Contractor is expected to notify the provider of quality of care concerns that may not result in payment denials.</p>

QUESTIONS	ANSWERS
<p>34. IV.D.4.b. Reconsideration Reviews Page # 35 The RFP states if the provider submits additional supporting documentation or information within 2 business days following a denial, the contractor must re-evaluate the initial determination. The re-evaluation must be made by the initial physician reviewer and cannot be billed as a reconsideration review. What contractor action determines the start of the timeframe for receiving additional information? Does this apply to pended reviews where the contractor cannot proceed without additional information? Or does this apply to situations where the contractor has issued a denial notice to the provider? Does this situation apply to all review categories (prior authorization, concurrent and retrospective reviews)?</p>	<p>The Contractor action start is when the provider is notified of a determination.</p> <p>No, this does not apply to pended reviews.</p> <p>This would apply to denials.</p> <p>Yes this would apply to all review categories.</p>
<p>35. IV.D.10.e. Provider Education Page #41 The RFP states the contractor must provide utilization review plans and manuals to the Department for approval within 30 calendar days follow contract award. If the contract is awarded on or around December 2, 2013, please clarify if the review plans and manuals are due to the Department on or around January 1, 2014 for an operational start date of April 1, 2014.</p>	<p>Yes, if the contract is awarded on or around December 2, 2013, the review plans and manuals are due to the Department on or around January 1, 2014 for an operational start date of April 1, 2014</p>
<p>36. III.F.3.e. Medical Malpractice Page # 24 The RFP requires that the Contractor maintain Medical Malpractice insurance, Qualification under NE excess fund. Because we are not a health care provider, please confirm we are not required to carry this coverage for purposes of this requirement.</p>	<p>Please see the answer to #7.</p>

QUESTIONS	ANSWERS
<p>37. IV.D.5. Retrospective Reviews Page #35 The RFP states the Contractor must provide a determination to the Department within twenty (20) business days of receipt of necessary information. Please clarify the term “necessary information”. Does this mean within 20 business days from the date of the receipt of the medical record or within 20 business days of the receipt of additional information requested from the provider if the case cannot be approved on initial review?</p>	<p>Necessary medical information is any medical information necessary to make an appropriate determination.</p> <p>Please see IV. D. 5.b. The Contractor shall perform retrospective reviews and provide a determination to the Department within twenty (20) business days of receipt of the necessary information.</p>
<p>38. Attachment A The estimated units for home health prior is 8,425 annually. Do these units represent 8,425 individual reviews that a unit price will be paid to the vendor? Or does a single review include multiple units and if so what is the conversion factor to convert units to review? Should a conversion factor be applied to other review categories and if so which ones?</p>	<p>Yes, this represents the estimated individual reviews with a unit price to be paid to the vendor.</p> <p>No, it does not include multiple units.</p> <p>No, this is not applicable.</p>
<p>39. Section E. Information Technology Requirements, Page 42 This section states, “The Contractor is responsible for purchasing all hardware and software.” May we include the cost of software and hardware costs in the cost proposal as a direct charge to the contract, (such as employee computers purchased for utilization on this contract)?</p>	<p>No, the bid should not include the cost of software and hardware in the cost proposal as a direct charge to the contract.</p>
<p>40. Attachment A, Cost Proposal Per Deliverable Fixed Unit Price for First Contract Renewal and Second Contract Renewal Given that our submission will be based on current corporate estimates; as we approach the initiation of the (2) Contract Renewal periods, will we have the option to renegotiate the Fixed Unit Prices based on that period’s current costs in employee wages, approved CMS provisional rates and other inflationary factors estimated over the life of the resultant contract for said renewal period?</p>	<p>No, the provision for future renewal period pricing is provided for in the Cost Proposal, Attachment A. This should be included in the bidder’s individual unit pricing.</p>

QUESTIONS	ANSWERS
<p>41. While we understand the Department cannot guarantee specific volume levels, can the Department outline any current or tentative plans—such as the migration of services to managed care during the contract period—that would have a significant impact on the volume of reviews identified in the Cost Sheet?</p>	<p>The Department intends to implement Medicaid Managed Long Term Services and Supports (MLTSS) in 2015.</p>
<p>42. It is our understanding that the current vendor uses InterQual criteria to supplement Nebraska Medicaid regulations. Would the Department be willing to consider other national criteria sets?</p>	<p>Yes, the Department is willing to consider other national criteria sets.</p>
<p>43. On page 11 of the RFP, under Term and Condition 3. Insurance Coverage Amounts, it appears that we are requested to provide Medical Malpractice coverage. Since we are not delivering medical services to recipients, are bidders required, for this procurement, to secure this type of insurance?</p>	<p>Please see the answer to #7.</p>
<p>44. On page 34 of the RFP, Requirement 3.a. states: "Bidder must provide a plan for performing admission, prepayment, and continued stay review for acute inpatient hospital rehabilitation services." Under what conditions or circumstances are prepayment reviews required?</p>	<p>Please see the Glossary of Terms for a definition for "Prepayment Reviews".</p>
<p>45. On page 35 of the RFP, Requirement 4.b. states, in part: "If the provider submits additional supporting documentation or information within two (2) business days, the contractor must re-evaluate the initial determination in light of the additional supporting documentation or information." Within 2 days of what, please?</p>	<p>The Contractor action start is when the provider is notified of a determination.</p> <p>The Contractor must re-evaluate the initial determination in light of the additional supporting documentation received within 2 days after the denial.</p>

QUESTIONS	ANSWERS
<p>46. Also on page 35 of the RFP, Requirement 5.a. states: "The Bidder's proposal must address a plan for conducting retrospective review activities at the Department's request. Components of a retrospective review may include, but not limited to: 1. Discharge Reviews; 2. DRG Validation; 3. Eligibility Related Review; 4. Peer Review; 5. Post-payment Review; 6. Quality Review; and/or 7. Prepayment Review." Does the Department prefer that we use the incumbent's methodology for medical record selection, or does the Department prefer that we present options for this process?</p>	<p>The Department does not have a preferred methodology. Each bidder should present their methodology options for this process. The Department is open to reviewing alternative options. Bidders are encouraged to describe solutions in their proposal response.</p> <p>It's the State's intent for the bidder to submit a proposal response that meets the requirements that meet the requirements of this RFP.</p>
<p>47. On page 39 of the RFP, Requirement 9.a. states, in part: "In addition to live testimony at hearings, this includes depositions and discussions with Department attorneys and staff as required." We have 2 questions: 1) may we interpret "live" to mean telephonic testimony, or does this mean only in-person testimony; 2) is physician participation in every hearing required, or only as requested?</p>	<p>Yes, "live" means telephonic, unless they are required to attend in person.</p> <p>The physician participation is only expected upon need / request.</p>
<p>48. Page 43 of the RFP, Requirement E.1 states, in part: "The contractor agrees that no Department information will be stored on a personal device..." What is the definition of a personal device? Does it include laptop computers supplied and configured by our company to our staff to complete our work? This same requirement continues, stating: "and all Department information stored, processed, or otherwise transmitted will be performed on Department resources accessed through CITRIX or through the State of Nebraska secure e-mail system." May the selected vendor use its own IT solution to address the requested scope of work?</p>	<p>A personal device is equipment owned by an employee.</p> <p>No, it does not include laptop computers supplied and configured by the Contractor for staff to complete work.</p> <p>The Department is open to reviewing alternative options. Bidders are encouraged to describe solutions in their proposals.</p>

QUESTIONS	ANSWERS
<p>49. On page 52 of the RFP, under Section 4. Technical Approach, we are requested to break our technical approach narrative across 6 subsections: a. understanding of the project requirements; b. proposed development approach; c. technical considerations; d. detailed project work plan; e. deliverables and due dates and f. all information and responses outlined in Section IV. While this is similar to other Nebraska Medicaid RFPs, what appears to be new is the last subsection "f. all information and responses outlined in Section IV." Since our responses to Section IV. would provide the content for subsections a - e, we are confused about what the Department wishes to have appear in subsection f. For subsection f, would the Department accept a cross-reference table that pinpoints where in subsections a - e we respond to each of the requirements in Section IV? If not, can the Department provide more detail about the content it expects to be included in subsections a-e?</p>	<p>In addition to a – e, bidders must address f.</p> <p>“All information and responses outlined in Section IV” refers to the tables in Section IV. C. Business Requirements, D. Technical Requirements (1 through 11), E. Information Technology Requirements, F. Project Planning and Management, H. Implementation Strategy and I. Exit Strategy.</p>
<p>50. Page 27 IV. Project Description & Scope of Work A. Project Overview RFP Text: The volume does not include all individual line items to be authorized. Question: We understand the average denial rate, but can you share projected review volumes and what percentage of review was referred to physician reviewers?</p>	<p>The reconsideration review estimates are provided in Attachment A on lines 6 and 12.</p> <p>This data is not collected.</p>
<p>51. Page 30 Technical Requirements, 1.c. RFP Text: The Contractor shall be responsible to verify client’s eligibility for Medicaid at the time the review is requested. Question: Will the Contractor have access to the Medicaid eligibility verification database?</p>	<p>Yes, the Contractor will have access to the Medicaid eligibility verification database.</p> <p>Please see IV. E. 3. Information Technology Requirements.</p>

QUESTIONS	ANSWERS
<p>52. Page 30 Technical Requirements, 1.d. <i>RFP Text:</i> The contractor shall accept review requests and medical record records by fax, secure email, or secure web submission. Question: Has consideration been given to a telephonic prior authorization review with a retrospective random selection of telephonic review for validation purposes?</p>	<p>The Department will not give consideration to a telephonic prior authorization review.</p>
<p>53. Page 30 Requests for Prior Authorization - Provider Access, 2c. <i>RFP Text:</i> The contractor will provide a browser-based application that uses a secure Internet connection to allow healthcare providers to submit utilization review requests electronically. Question: Does the Contractor's office need to use a particular format for the electronic utilization review requests?</p>	<p>No. Please see IV. E. Information Technology Requirements.</p>
<p>54. Page 32 Prior Authorization, 2.d. <i>RFP Text:</i> The contractor shall evaluate and make determinations regarding prior authorization select procedures, etc. Question: What are the select procedures?</p>	<p>These are listed in IV.D.2.d. "... select surgical procedures, cosmetic, reconstructive, and other surgical procedures, such as bariatric surgeries, septoplasty, established procedures of questionable current usefulness, and new procedures of unproven value."</p>
<p>55. Page 36 Notice of Action, 6.b. <i>RFP Text:</i> The contractor shall establish a procedure for notification to the provider of an adverse determination through written notice or an enhanced Internet security communications system Question: Are providers and/or contractors able to upload documents into MMIS?</p>	<p>No, providers and/or Contractors are not able to upload documents into MMIS.</p>
<p>56. Page 39 Appeal for a Fair Hearing and Other Legal Proceedings, 9.a. <i>RFP Text:</i> The Contractor must provide a plan for administrative hearings and other legal proceedings. Question: Are any administrative hearings held via teleconference? Question: On what line of the Cost Proposal should the cost of these appeals appear? Question: What is the estimated annual volume of appeals?</p>	<p>Yes, most are held via teleconference.</p> <p>This should be included in the bidder's individual unit pricing.</p> <p>Please see IV.A. for estimated annual volumes of appeals.</p>

QUESTIONS	ANSWERS
<p>57. Page 39 Appeal for a Fair Hearing and Other Legal Proceedings, 9.a. RFP Text: The contractor's representative shall testify? Question: The table on Page 27; IV. A. Project Overview indicates 3 appeals for fair hearing per quarter. Were all of these hearings "in person" hearings or were some telephonic? Assuming that all did not go through the entire appeal process what percentage went to the Administrative Law Judge?</p>	<p>Most appeals are held via teleconference.</p> <p>The Department does not maintain statistics that would answer the second question.</p>
<p>58. Page 40 Provider Education RFP Text: The Contractor will be responsible for development of all training materials, promoting the training to health care providers and providing training notifications to all providers. Question: On what line of the Cost Proposal should the cost of developing, producing, & conducting provider education appear?</p>	<p>This should be included in the bidder's individual unit pricing.</p>
<p>59. Page 41 Provider Education; 10.f. RFP Text: The contractor must address all elements of review including model letters. Question: Does the Department have model letters that are already develop that they want the contractor to use?</p>	<p>Yes, this is content that can be provided to the awarded contractor upon contract award.</p>
<p>60. Page 50 D. Office Location RFP Text: The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska must be identified. Question: Does the Contractor's office need to reside in the State of Nebraska or can the Contractor service the contract remotely?</p>	<p>No</p> <p>Yes</p>
<p>61. N/A General Question: Should bidders take into consideration the Q&As posted July 25, 2103 for RFP 443Z1 in preparing their proposal for RFP 4508Z1?</p>	<p>No, bidders should not take other RFP materials into consideration.</p>
<p>62. General questions What changes (if any) to the SOW are there from the current contract?</p>	<p>Services were added. The reduced volumes are due to managed care statewide implementation July 1, 2012.</p>
<p>63. General questions What are the "hot button" items for the Department at this current time?</p>	<p>The State intends for the bidders to submit their best proposal that meet the requirements of this RFP.</p>

QUESTIONS	ANSWERS
<p>64. F. Submission of Proposals, 4th paragraph Page #4 “The technical proposal must not contain any reference to dollar amounts”. Is it acceptable to present past performance, previous ROI, and cost savings demonstrating the contractors history of success?</p>	<p>Historical data should be included in the RFP response. Pricing pertaining to the deliverables must be listed on the Cost Proposal, Attachment A.</p>
<p>65. A. Project Overview Page #27 Please provide the 5 of reconsiderations and fair hearings for the past annual year.</p>	<p>The State does not understand the question.</p>
<p>66. 2. Prior Authorization Reviews-2C Page #31 Please define a “nonclinical review”. Does a nonclinical review require a RN reviewer or is it the intent of the state to use paraprofessionals to perform the reviews. Please provide the annual volume of “nonclinical reviews”.</p>	<p>Please see the Glossary for the Continued Service (Non-Clinical) Review definition.</p> <p>No, Non-Clinical reviews are those reviews performed by a non-medical professional.</p> <p>Annual volume is included on line 11 of Attachment A.</p>
<p>67. 2. Prior Authorization Reviews-2C Page #31 What is the Departments policy on the number of days a provider has to respond to a request for more information before the review becomes a technical denial?</p>	<p>The Department will work with the contractor to identify all situations regarding when and how technical denials may be appropriate.</p>
<p>68. 4- Reconsideration Reviews-4b Page #35 Please explain the process for 4b. Does this only apply to a denial? If a request is received and the vendor requests more information before making a determination, is this different from the process described in 4b?</p>	<p>Yes, reconsideration is after a denial of notice.</p> <p>Yes, this is the difference. If a case is denied and the provider submits additional information within 2 days it is considered a re-evaluation and can be performed by the same physician.</p> <p>If a case is denied and the provider does not request or submit addition information until more than 2 days then it is considered a reconsideration and must be reviewed by another physician.</p>
<p>69. 10- Provider Education- 10b Page #41 Does the Department require that the annual training be conducted face to face or can the training be accomplished through web-cast, etc?</p>	<p>Yes, a web-cast is acceptable.</p>
<p>70. 11. Consulting Services-11b Page #42 The clinical/medical consultations described, is this referring to a peer-to-peer discussion regarding a review request?</p>	<p>No, it is not a discussion regarding a review request. This is referring to a peer-to-peer discussion regarding such things as coverage of new procedures or medical innovations.</p>
<p>71. C.2 Business requirements Page #29 Do the nurses and clinical reviewers need to be licensed in Nebraska?</p>	<p>No, it is not required that nurses and non-physician reviewers be licensed in the review area.</p>

QUESTIONS	ANSWERS
72. C.3 Business requirements Page #29 What is the requirement for interfacing with the MMIS system? Can this be accomplished through file transfers? Or is manual interface required?	Please see IV. E. 1-6. Information Technology Requirements. File transfers and online access are addressed.
73. D.1.a General Responsibilities Page #30 Can the NE licensed physicians be physically located outside the state of Nebraska?	Yes, however the physician must be considered a practicing physician in Nebraska.
74. D.1.a General Responsibilities Page #30 Does a physician need to deny requests where the services cannot be authorized due to lack of eligibility or medical documentation? Or can those be administratively denied by a non-physician?	<p>No. This would be a technical denial. Please see the glossary for the definition of a technical denial.</p> <p>Yes, those can be administratively denied by a non-physician as a technical denial.</p>
75. D.1.c General Responsibilities Page #30 We the successful contractor receive daily eligibility files? And will we have “look-up” access in the states edibility or MMIS systems?	<p>Yes, please see IV. E. 1-6. Information Technology Requirements.</p> <p>Yes, item 3 addresses eligibility information.</p>
76. D.2.C Prior Authorizations Page #31 How long does the provider have to submit additional information? If the provider does not send the additional information will the case be denied for lack of information? Or does it need to go to a physician first?	In accordance with the Code of Federal Regulations (CFR) 476.90, If a QIO gives a provider or practitioner sufficient notice and a reasonable amount of time to respond to a request for information about a claim, and if the provider or practitioner does not respond in a timely manner, the QIO will deny the claim.
77. D.2.E Prior Authorizations Page #32 How long does the provider have to submit additional information? If the provider does not send the additional information will the case be denied for lack of information? Or does it need to go to a physician first?	Please see the answer to #76.
78. D.3.C Acute Inpatient Hospital Rehabilitation Service Reviews Page #34 Does the reconsideration need to be done by a specialty matched physician?	<p>In the case of physical rehabilitation services, the Contractor should ensure that (to the extent possible) the initial review of such services are made by a physician who is trained in physical rehabilitation (as appropriate).</p> <p>For reconsideration reviews, the regulations at 42 CFR 478.28 generally require the physician reviewer to be a specialist in the type of services under review.</p>

QUESTIONS	ANSWERS
79. D.4.B Reconsideration Reviews Page #35 Please clarify that this understanding is true: If a case is denied and the provider submits additional information within 2 days it is considered a re-evaluation and done by the same physician. If a case is denied and the provider does not request or submit additional information until >2 days then it is considered a reconsideration and must be reviewed by another physician?	<p>Please see the answer to #69.</p>
80. D.5.A Retrospective Reviews Page #35 Should we assume that during the reconsideration the Discharge Review, DRG Validation, Eligibility Review, Peer Review, Post-payment Review, Quality Review and prepayment reviews will be performed on all reconsideration cases? Or will only 1 of these items be reviewed for each case? This has pricing implications.	<p>No, not all reconsideration reviews would include all the listed component reviews. For instance, if the reconsideration request is for authorization of an inpatient acute rehabilitation admission the reconsideration would not include DRG validation or a post-payment review.</p>
81. D.6.A Notice of Action Page #36 Do letters need mailed to the beneficiaries?	<p>Yes, letters need mailed to the beneficiaries. Please see IV.D.6. b.</p>
82. D.9A Appeal for a fair hearing and other legal proceedings Page #39 Are the hearings face-to-face?	<p>Please see the answer to #57.</p>
83. D.9A Appeal for a fair hearing and other legal proceedings Page #39 Can a nurse be a department's fair hearing Liaison?	<p>Yes, the Contractors designated representative for appeals may be a nurse.</p>
84. Attachment A Retrospective reviews – does each day of the stay need to be certified? Or just the admission	<p>It depends on the reimbursement methodology for the hospital under review. Hospitals reimbursed under the DRG payment methodology would not require each day of the stay to be certified since the payment is a per discharge amount. However, for Critical Access Hospitals, the reimbursement methodology is based on a per diem. For those hospitals, each day of the stay would need to be certified.</p>
85. Attachment A DRG Review – Does just the admission need certified? Or we need to review the outlier days too?	<p>Yes, just the admission needs to be certified. The state does not pay day outliers.</p>

QUESTIONS	ANSWERS
<p>86. Attachment A Do the case volumes listed in Attachment A include cases that are denied for eligibility or insufficient information?</p>	<p>No, the client and provider eligibility must be established prior to any review. If either a provider or a client is not eligible, a review may not be performed.</p> <p>If sufficient information is not present for a review to be completed, the review is not considered completed and may not be billed.</p>
<p>87. Attachment A Are each continued service reviews billed at each review interval (approval/denial)?</p>	<p>Yes, each continued service review is billed at each review interval.</p>
<p>88. Attachment A How will we receive notification of non-clinical reviews? Do these require coordination of services with other departments or entities?</p>	<p>The request comes from the provider.</p> <p>No, these do not require coordination of services with other departments or entities.</p>
<p>89. Attachment A What percentage of cases have historically been “re-evaluated” and/or “reconsidered”?</p>	<p>This information is not collected by the State.</p>